

MAR 15 2007

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Art Unit: 3739

From: Thomas Spinelli, Esq.
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Pages: 20

Phone: 571-272-6087

Date: March 15, 2007

Re: USSN: 10/635,044
Our Docket: 16894

CC:

RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on November 21, 2006:

1. Response W/Transmittal in Duplicate
2. Certificate of Transmission Under 37 CFR 1.8

Applicants: Ryuta Sekine, et al.
Serial No.: 10/635,044
For: ENDOSCOPIC TREATMENT SYSTEM
Filed: August 5, 2003
Docket: 16894
Dated: March 15, 2007
TS:cm

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AMENDMENT TRANSMITTAL LETTER (Large Entity) Applicant(s): Ryuta Sekine, et al.					Docket No. 16894	
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 6986	
Invention: ENDOSCOPIC TREATMENT SYSTEM						
<p align="center"><u>COMMISSIONER FOR PATENTS:</u></p> <p>Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.</p>						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	37 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. </div> <div style="width: 35%; text-align: right;"> <p>Dated: March 16, 2007</p> </div> </div>						
<p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p>						
<div style="display: flex; align-items: center;"> <div> <p><i>Signature</i></p> <p>Thomas Spinelli Registration No.: 39,533</p> </div> </div>			<div style="border: 1px solid black; padding: 5px;"> <p>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____</p> <p align="center">(Date)</p> <p align="center">_____ <i>Signature of Person Mailing Correspondence</i></p> <p align="center">_____ <i>Typed or Printed Name of Person Mailing Correspondence</i></p> </div>			
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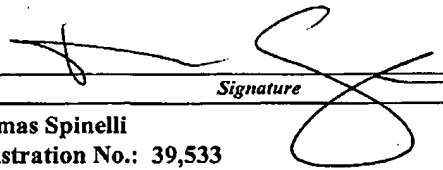
39,533 516-742-4343
Registration Number, if applicable Telephone Number

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AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. 16894	
Applicant(s): Ryuta Sekine, et al.						
Application No. 10/635,044	Filing Date August 5, 2003	Examiner Philip Robert Smith	Customer No. 23389	Group Art Unit 3739	Confirmation No. 6986	
Invention: ENDOSCOPIC TREATMENT SYSTEM						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	37 -	38 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	7 -	7 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 19-1013/SSMP <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature			Dated: March 16, 2007			
Thomas Spinelli Registration No.: 39,533			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence			
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s):	Ryuta Sekine, et al.	Examiner:	Philip Robert Smith
Serial No:	10/635,044	Art Unit:	3739
Filed:	August 5, 2003	Docket:	16894
For:	ENDOSCOPIC TREATMENT SYSTEM	Dated:	March 15, 2007

Conf. No.: 6986

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RESPONSE

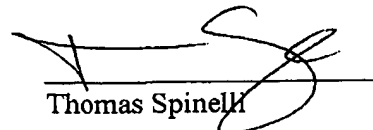
Sir:

In response to the Official Action dated December 15, 2006, Applicants respectfully request reconsideration of the above-identified application in light of the following amendments and remarks:

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